Exhibit K

UNITED STATES DISTRICT COURT

DISTRICT OF ARIZONA

IN RE: BARD IVC FILTERS PRODUCTS LIABILITY LITIGATION	:	Case No.: MD-15-02641-PHX-DGC

DO NOT DISCLOSE - SUBJECT TO FURTHER CONFIDENTIALITY REVIEW

July 28, 2017

Washington, D.C.

Videotaped Deposition of:

RONALD A. THISTED,

Called for oral examination by counsel for Plaintiff, pursuant to notice, at the offices of Nelson Mullins, 101 Constitution Avenue, NW, 9th Floor, Washington, D.C. beginning at 8:55 a.m., before Teague Gibson, a Notary Public.

* * * * *

A Accept by accident, they might turn out for other reasons to have recorded something that turns out to be a confounder, but.

Q So if after the study is completed they determine that there are one or more confounders that were either unmeasured or were previously unknown and now are identified as potential confounders, wouldn't you turn to external sources of data to gain information about those potential confounders?

MR. BUSMAN: Object to the form.

A Some sources of information might tell you how often those confounders occurred in a particular population, others may have been the basis for identifying it as something that affects the outcomes and those might play into an analysis of the extent to which those -- that confounder could have affected the outcomes of the PRESERVE study, but they wouldn't tell you the answer to the question that PRESERVE study is intended to answer.

Q Do you agree that MAUDE is part of FDA adverse events surveillance system?

A Yes.

Q As we discussed, drug reports go into a separate database, but it's similar in the sense

they're both collecting spontaneous adverse events, right?

MR. BUSMAN: Object to the form.

A They're collecting -- both MAUDE and the FDA adverse event reporting system are recruiting both spontaneous adverse event reports -- yeah, they both collect spontaneous adverse event reports.

Q And do you agree that the FDA advises medical device manufacturers to calculate reporting rates, that is adverse event -- reported adverse events against sales or some other source or exposure information?

MR. BUSMAN: Object to the form.

A I'm aware that FDA has guidance that suggests as a signal detection measure that one calculate crude rates of adverse events against a measure of exposure. In the context of drugs one, again, crude measure of exposure is number of prescriptions sold. And the reason that's at least a plausible measure of exposure is that the longer a person is on a particular drug, the more prescriptions they fill. So the more prescriptions reflects extent of exposure. And someone who's on a drug for a short time will have fewer prescriptions than individuals on for a long time.

Same thing can't be -- isn't true for things like devices where number of sales is the number of implants but has no relationship to exposure, other than initial exposure. But in the context of drugs, FDA does suggest looking at crude estimates of adverse event rates.

Q And, in fact, they say that comparison of reporting rates and their temporal trends can be valuable, particularly across similar products or across different product classes?

MR. BUSMAN: Are you reading from -- I'm just -- quick question. Is this a quote that you're reading from or is it a question?

Q I'm just asking a question.

A I believe that's consistent with the 2005 guidance document on pharmacovigilance, but it can be helpful in identifying possible trends but that same document goes on to describe the limitations of such things. It says, in particular, that because reporting to change over time because there can be differences in reporting rates for different drugs or different products, that they can't be relied upon for making causal comparisons between two products.

Q The 2005 guidance document, is that the